

**STATEMENT OF  
CHRISTOPHER F. TERRENCE, M.D.  
CHAIRMAN, INTEGRATION COORDINATING COMMITTEE  
VA CHICAGO HEALTH CARE SYSTEM  
CHICAGO, ILLINOIS  
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Mr. Chairman, other speakers and guests:

Good morning and thank you for this opportunity to discuss the Integration Coordinating Committee (ICC) of the VA Chicago Health Care System. On October 10, 1996, I was charged by Kenneth Kizer, M.D., MPH, Under Secretary for Health, to be the Chair of the Integration Coordinating Committee for the VA Chicago Health Care System. In his letter of appointment Dr. Kizer stressed that there were "no preset determinations. The process should be open and data driven, and that all reports and recommendations reviewed by the VISN Director, Joan E. Cummings, M.D., and subsequent review at the Under Secretary of Health level." One of the guiding principles that the Integration Committee shared early on in the process was the need for maximum involvement of the affiliates, the stakeholders, employees, and other interested individuals. As of today over 300 individuals in the VA Chicago Health Care System have had input into the ICC's process either as a member of the Committee, Subcommittee or Stakeholder Advisory Group.

At its first meeting, the Integration Coordinating Committee decided that we would proceed in forming chartered work groups with the approval of the Medical Center Director, Mr. Joseph Moore. These groups were service specific and were charged with developing a proposal for integrating specific services. The goal of the group was to produce a health system that would maintain the quality or enhance the overall service to the veterans while minimizing the costs inherent in operating two hospitals with similar missions in close proximity. The Committee decided to start with services that were relatively non controversial in order to prove that the process was valid, and could be accomplished in the context of the VA Chicago Health Care System. When a group completed its proposal, the proposal was submitted to the Integration Coordinating Committee for its review and subsequent recommendation to the Medical Center Director. The proposal was also reviewed at the Stakeholders Advisory Group by the chairmen of the various chartered work groups. The recommendations from the Stakeholders Advisory Group were brought forward to the ICC in order to provide maximal input into the deliberations of the Integration Coordinating Committee.

The various work groups were usually chaired by a chief of service, but in some instances such as surgery, medicine and psychiatry, the group was chaired by a

University of Illinois School of Medicine representative or a Northwestern School of Medicine representative.

In order to keep the staff at the two divisions up-to-date on the process of the Committee, we have used a number of formats to achieve this goal. The Chair of the Integration Coordinating Committee has had four town hall style meetings at the Lakeside and West Side divisions. These meetings had two goals, (1) to present the activities of the Integration Coordinating Committee and (2) to seek information from the staff at the two divisions concerning the future process of the Integration Coordinating Committee. These meetings were extremely well attended and were very informative. There has also been regular updates of the progress of the Integration Coordinating Committee in the VA Chicago Health Care System *Newsletter*, as well as publication of the Integration Coordinating Committee minutes in the decentralized hospital computer program (DHCP). At the most recent town meeting it was also suggested that we have a newsletter also put on the DHCP. This will be accomplished next month.

By July of 1997, over half the work groups will have presented their recommendations to the Integration Coordinating Committee. Up until now, most of the recommendations have been forwarded to the Medical Center Director with little changes. A few have been referred back to the service work groups and will be coming forward shortly with a final report to the Integration Coordinating Committee. As one can see the process is very time consuming, but the Committee believes that it is very worthwhile in that it involves the maximum number of people in the proposing process. Until the inception of the Integration Coordinating Committee, there has been very little active participation by the two divisions in coming up with joint plans as to consolidation.

As of this date the ICC has approved the Goals & Mission statement for the VA Chicago Health Care System. The ICC recommended the consolidation of the following administrative and clinical services: Audiology & Speech Pathology, Chaplain, Dental, Environmental Management, Hospital Based Primary Care, Information Resource Management (IRM), Neurology, Nuclear Medicine, Nutrition & Food Services, Pharmacy, Police & Security Services, Prosthetics, and Voluntary Services. In addition the Committee has also recommended the replacement of angiography equipment at the West Side division, and the replacement of the cardiac catheterization equipment at the Lakeside division. The Committee also approved the integration of Pathology & Laboratory Medicine Services. The Committee has also recommended the integration of Ambulatory Care Services at the two divisions which will include the satellite outpatient clinics at Crown Point, Indiana, 63rd Street & Stony Island in Chicago.

In the next few months we will complete the large service work groups. This will include such services as medicine, surgery, psychiatry, and nursing service. Although these are the largest services to be dealt with to date, I think the Committee has built up a track record of accomplishment that will allow us to

deal with the thorny issues of affiliation interests and placement of bed service facilities. In order to facilitate the process among the bed service working groups, the Medical Center Director and I have been meeting with the Chairs of the bed service chartered work groups on a monthly basis to facilitate interservice planning that will be necessary for a coherent proposal.

In order to review what we have done in the Committee, there will be a proposal brought forward in the July meeting to develop measures of the integration process. We expect either in the Committee or in the various work groups to propose to the medical center management the types of measures that should be done in the future to ensure that the integration has achieved its stated goal of maintaining the quality and enhancing the access of care for the veteran in a cost effective manner. I expect these measures will include the usual quality management activities, but I expect the work groups to also recommend very service specific measures.

In summary, I believe that the Integration Coordinating Committee of the VA Chicago Health Care System has worked very diligently in setting up a process and frame work for the integration of two tertiary care hospitals. This Committee would have never been successful without the support of the four medical school Deans, the union representatives who have contributed greatly, the chair and members of the stakeholders group and other veteran service organization representatives.

Thank you Mr. Chairman for the opportunity to present this brief overview of the Integration Coordinating Committee of the VA Chicago Health Care System.

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